RI Department of Health
Office of Communicable Diseases
Hepatitis

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HEPATITIS Investigation – RI Definitions & Rules for Entering Investigation

Note: All fields in **RED** are required by the NEDSS system; all **BOLDED** fields are required by RI.

Brief Description or Field Name	Description	RI Rules for Data Entry
Investigation Summary		
Jurisdiction	**The region responsible for the investigation**	**Required; RI has only 1 jurisdiction**
Program Area	**The organizational ownership of the investigation. Program areas(e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control.**	Required. This is pre-populated based on the condition. Hepatitis in this case.
State Case ID	Open field to be used by OCD, if needed.	Leave blank.
Investigation Start Date	**Date the investigation was started.**	**Required**
Investigation Status	**The status of the investigation: Open or Closed.**	**Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to closed**
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.	Defaults to checked. OK to leave checked. Not in use by RI at this time
Investigator	**The name of the person who is responsible for the case investigation**	**Required.** **Quick code = first initial of first name +first 5 letters of last name**.
Date assigned to Investigation	**The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned**	Required

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Brief Description or Field Name	Description	RI Rules for Data Entry
Reporting Source		
Date of Report	**Date first reported by reporting source if reported by phone or date received by person on-call if animal bite.**	**Required**
Reporting Source	**Type of facility or provider associated with the source of information sent to Public Health.**	**Required**
Earliest Date Reported to County	Date first reported to County	Leave blank
Earliest Date Reported to State	Date first reported to State	Not required
Reporter	Search table for who Reported the case	Not required.
Clinical		
Physician	Search table for patient's physician.	Not required
Was the patient hospitalized for this illness?	Was the patient hospitalized for this illness?	Not required
Place of Birth	Drop-down menu	Enter if known
Reason for Testing	Why this patient was tested for Hepatitis. Multi-field drop-down menu	Not Required
Was the patient pregnant?		**Enter if known**
Diagnosis Date	Date of diagnosis of condition being reported.	Not required
Is the patient symptomatic?	**Yes, No, Unknown**	**Required**
Was the patient Jaundiced?	**Yes, No, Unknown**	**Required**
Did the patient die from this illness?	**Yes, No, Unknown**	**Required**
Laboratory		

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Brief Description or Field Name	Description	RI Rules for Data Entry
Liver Enzyme Levels		Enter result if known
Diagnostic Tests		Enter Fields that are appropriate for the Hepatitis type being tested
Epi - Link		Enter only if Hepatitis A
Epidemiologic		
Case Status	**Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.**	**Required to Create a Notification**
MMWR Week	**MMWR Week for which case information is to be counted for MMWR publication.**	**Required**
MMWR Year	**MMWR Year (YYYY) for which case information is to be counted for MMWR publication.**	**Required**
Diagnosis		**Required for Notification by the System**
Administrative		
General Comments	Field which contains general comments for the investigation.	Enter if needed.

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Brief Description or Field Name	Description	RI Rules for Data Entry
Condition Specific Custom fields		
Bilirubin Total		Required
Bilirubin direct		Required
Jaundice Onset Date		Required
If Patient is Pregnant:		Required
Planned location for delivery?		Required
OB name		Required
OB address		Required
What was the outcome of the pregnancy?		Required
If Live Birth, choose type:	Drop down menu	Required

Notes: